Texas Ethics Commission P.O. Box 12070 CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

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(512)463-5800

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The C/OH INSTRUCTION this form.	GUIDE explains how to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	NICKNAME LAST	MI A , SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER ADDRESS Change of Address	P.O. By 3006	S, A TX 73212	Date Hand-delivered or Date Postmarked
⁵ CAMPAIGN TREASURER NAME	NICKNAME LAST	SUFFIX	Receipt # Amount Date Processed Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE). APT / SUIT	, ,	ZIP CODE A, TX 78207
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (210) 224. 4/00	EXTENSION	
8 REPORTTYPE	January 15 30th day before electron July 15 8th day before electron		15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year C/ / / O THROU	UGH /2 /31	/ O
10 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary		General Special
11 OFFICE	OFFICE HELD (I' any)	5 OFFICE SOUGHT (IT know	vn)
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign experience Candidates are required to disclose this information of Name.	enditures made by others without the ca only if they receive notification of the dir	ndidate's prior consent or approval ect campaign expenditure ••
additional pages	Address / PO Box: Apt / Suite # City State.	Z _I p Code	
	GO ТО	PAGE 2	

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1 A Garria	V2 3(13 17) to 58	5 ACCOUNT #(Ethics Commission filers)
box is for notice of political expenditures by the been made without the candidate's or offi nation only if they receive notice of such ex	y political committees to support the candidate ceholder's knowledge or consent. Candidates expenditures. ••	te / officeholder. These expenditures and officeholders are required to repor
ENERAL COMMITTEE ADDRESS	Committee Campaig	n bo Kery n David A Garria
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ck here if no reportable activity occurred de	uring Mis reporting period. (Sign affidavit below a	ind submit pages 1 and 2 only)
TOTAL POLITICAL CONTRIBUTION: PLEDGES, LOANS, OR GUARANTE	S OF \$50 OR LESS (OTHER THAN ES OF LOANS), UNLESS ITEMIZED	\$
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s Cobb slic (as Expires 104 2	e under Title 15, Election Code. Signature of Candidate of	ation required to be reported by
	is cobb lic Expires 04 by the said DAVID cocertify which, witness my hand	S Cobb lic lic lic lic lic lic lic lic lic li

Printed name of officer administering oath

Title of officer administering oath

1-800-325-8506 Austin, Texas 78711-2070 Texas Ethics Commission P.O. Box 12070 **POLITICAL CONTRIBUTIONS** SCHEDULE A1 (FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS) OTHER THAN PLEDGES OR LOANS Total pages this Schedule A1: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME In-kind contribution 7 Amount of 18 Date contribution (\$) description (if applicable) Principal occupation (Optional) 10 Employer (Optional) In-kind contribution description (if applicable) Full name of contributor Amount of contribution (\$) In-kind contribution Amount of Date description (if applicable) contribution (\$) Principal occupation (Optional Employer (Optional) In-kind contribution Amount of description (if applicable) contribution (\$) Employer (Optional) Principal occupation (Optional) In-kind contribution Amount of Date Full name of contributor description (if applicable) contribution (\$) Employer (Optional) Principal occupation (Optional) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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P.O. Box 12070

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POLITICAL CONTRIBUTIONS	Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8
OTHER THAN PLEDGES OR LOA	ANS (FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, & SPAC-SS)
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Texas Ethics Commission P.O. Box 12070 Aus	stin, Texas 78711-2070 (512) 463-5800 1-800-325-85
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2 FILERNAME DAVID A GANGA	3 ACCOUNT # (Ethics Commission filers)
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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Amount of

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Out-of-state PAC (ID#

City; State, Zip Code

Date

Full name of pledgor

Pledgor address.

In-kind description

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Texas Ethics Co	mmission P.O. Box 12070	Austin, Texas 78711-2	070 (512)46	3-5800 1-800-325-8506
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Texas Ethics Comm			n, Texas 78711-20	70 (512) 46	53-5800 1-800-325-85
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Texas Ethics Commission P.O. Box 12070	Austin, Texas 78711-20	70 (512)46	3-5800 1-800-325-850
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	ustin, Texas 78741-2070 (512) 463-5800 1-800-325-85
POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOA	SCHEDULE A1 (FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
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Principal occupation (Optional)	Employer (Optional)
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iexas Ethics (Commission P.O. Box 12070	Austin, Texas 7871	1-2070 (512)40	63-5800 1- 800- 325-85
PLEDO	SED CONTRIBUTIONS	02 Jen 15 50 .	(FOR FORMS C/OH,	SCHEDULE B1 sc-c/oh, sc-spac, & spac)
The Instruc	TION GUIDE explains how to complete thi		1 Total pages this S	Schedule 81:
2 FILERNA	ME		3 ACCOUNT # (Eth	ics Commission filers)
TO	TAL OF UNITEMIZED PLEDG	GES: \$ \$ \$	D D D	\$
Date		sf-state PAC (IO#:	8 Amount of pledge (\$)	9 In-kind description (if applicable)
Principal occ	upation (optional)	11 Employer (o	ptional)	
Date		Grate PAC (IO#	Amount of pledge (\$)	In-kind description (if applicable)
Principal occi	upation (optional)	Employer (op	ptional)	
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Date		state PAC (ID# tate. Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
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LOANS				463-5800 1-800-325
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The Instruction G	uios explains how to complete this form.		1 Total pages So	hedule E:
2 FILER NAME	` 1 1	ŧ	3 ACCOUNT#(Ethics Commission filers)
1	David A Lian	u		,
тот	AL OF UNITEMIZED LOANS:	3 4 9 9	⇒ ⇔	\$
Date of loan	7 Name of lender	Out-of-state PAC (ID#)	9 Loan Amount (\$)
1/10/01	David A	raun		2000
Is lender a financial Institution?	8 Lender address: City; State,	Zip Code	* * * * * * * * * * *	10 Interest rate
Y	283 Cansing	La.		
	4	11 71 7	8207	11 Maturity date
2 Description of Colla	leral	1/1 / 6	1	
none				
3 GUARANTOR INFORMATION	14 Name of guarantor			16 Amount Guaranteed (\$)
not applicable	15 Guarantor address, City, State,	Zip Code	* * * * * *	
Principal Occupation		18 Employer		
Date of loan	Name of lender	Out of state PAC (ID#		Loan Amount (\$)
			·	23(3)
is lender a financial institution?	Lender address City, State	Zip Code		Interest rate
Υ Ν				and a state
				Maturity date
Description of Collate	ral			
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GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
ONWATION				Amount Guaranteed (\$)
not applicable	Guarantor address City. State,	Zip Code		
Principal Occupation		Employer		
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	ATTACH ADDITIONAL CO	PIES OF THIS CORE -	C NEESS	
lf lender i	s out-of-state PAC, please see insi	ruction guide for addit	ional sacations	
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POLITI	CAL EXPENDITURES				SCHEDULE F
		02	15 F11 5 : 00		
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2 FILER NAM	IE			3 ACCOUNT	# (Ethics Commission filers)
4 Date	5 Payee name 6 Payee address; City; State;				7 Amount (\$)
required.)	yment (See instructions regarding type of inform	nation	9 Complete if dir Candidate / Officeholder n	rect expenditure	to benefit C/OH Office sought Office held
Date	Payee name Payee address, City. State,				Amount (\$)
Purpose of pay required.)	yment (See instructions regarding type diunform	nation	Complete if dir Candidate / Officeholder n		to benefit C/OH Office sought Office held
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Dale	Payesname Payee address. City. State, 2	Zip Code			Amount (\$)
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The Instruction Guide explains how to complete this form.	1 Total pages Schedule F:
2 FILERNAME Land A Garris	3 ACCOUNT # (Ethics Commission filers)
4 Date 5 Payee name 13/6 Payee address; City, State; Zip Code 10/1 P.O. Box 59 Purpose of payment (See instructions regarding type of information required.) 8 Purpose of payment (See instructions regarding type of information banking All S	7 Amount (\$) 2 4 2 5 2 6 Candidate / Officeholder name 7 Amount (\$) Candidate / Officeholder name Office sought Office held
Payee name Auid Laud Payee address. City. State. Zip Code 273 Lansing S.A. T.	5,000 w 5,000
Purpose of payment (See instructions regarding type of information required.) **Register Payment	Complete if direct expenditure to benefit C/OFF Candidate / Officeholder name
Payee address. City. State, Zip Code	Amount (\$) 12.
Purpose of payment (See instructions regarding type of information required.) Wanking HIS	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Payee name T/13/ Payee address. City. State. Zip Code Alamo Quan Mkt S.A. TX	7320S
Purpose of payment (See instructions regarding type of information required.)	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name
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LOANS		. Texas 78711-2070	ari Man	463-5800 1-800-325
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FILER NAME			3 ACCOUNT # (Ethics Commission filers)
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Date of loan			2 0	\$
\	7 Name of lender	Out-of-state PAC (ID#)	9 Loan Amount (\$)
Is lender a	8 Lender address; City; State;	Zip Code	• • • • • • • • • •	
financial Institution?		Lip Godg		10 Interest rate
.,				11 Maturity date
Description of Colla	leral			
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GUARANTOR INFORMATION	14 Name of quarantor			16 Amount Guaranteed (\$)
	15 Guaranto address, City, State	e eje e		
not applicable	15 Guarantor address, City, State, .	Zip Code		
Principal Occupation		18 Employer		
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nancial Institution?	Lender address City, State	Zip Code		Interestrate
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POLITICAL EXPENDITURES	SCHEDULE F
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2 FILERNAME David A Garan	3 ACCOUNT # (Ethics Commission filers)
Date 5 Payee name Mom Son Cover 6 Payee address; City State; Zip Code 5/b E. Comsce 8 Purpose of payment (See instructions regarding type of information	78216
political servers	9 ·· Complete if direct expenditure to benefit C/OH ·· Candidate / Officeholder name Office sought Office held
Payee name 7/23/ Payee address. City. State. Zip Code S.A. T.X	emeier Amount (S) 108.
Purpose of payment (See instructions regarding type of information required.) political SCIVIZE.	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Payee address. City. State. App Code Alamo Quary Mit. S. A. T.X	Samount (S) 78209
Purpose of payment (See instructions regarding type of information required.) Mobily Sewice.	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Date Payee name D 2 D Payee address. City. State. Zip Code	Amount (\$) 12 50
Purpose of payment (See instructions regarding type of information required.) Lanking Ae.	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES	Official and Schedule F
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2 FILERNAME David A Garia	3 ACCOUNT # (Ethics Commission filers)
Purpose of payment (See instructions regarding type of information required.) 5 Payee name 8 Purpose of payment (See instructions regarding type of information required.)	Clerk 7 Amount (\$) 7 Amount (\$)
Payee name April Perent Peren	78237 600 W
Purpose of payment (See instructions regarding type of information required.) ServiceS	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Payee address. Payee address. Sity. Finite. Zip Code: S.A. T.K.	77205 /60 W
Purpose of payment (See instructions regarding type of information required.) Advahruser*	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held
Date Payee name Of St. Vincent De Va Payee address. City. State. Zip Code (0040 Espanda Rd Sitt Ty	7820514 Amount (5)
Purpose of payment (See instructions regarding type of information required.) Adverby yeart	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name
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	AL OF UNITEMIZED LOANS:	* * * *	⇒ 🖒	\$
Date of loan	7 Name of lender	Out-of-state PAC (ID#		9 Loan Amount (\$)
	4. 🔨			
Is lender a financial Institution?	8 Lander address: City; State;	Zip Code		10 Interest rate
Y N				
				11 Maturity date
Description of Collat	eral			
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GUARANTOR INFORMATION	14 Name of guarantor			16 Amount Guaranteed (\$)
not applicable	15 Guarantor address, City, State,	Zip Code		
Principal Occupation		T		
		18 Employer		-
Date of loan	Name of lender	Out of state PAC dOx		Logo America
····			,	Loan Amount (\$)
Is lender a financial Institution?	Lender address City, State	Zip Code		laturant auto
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Description of Collater	ai			
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GUARANTOR	Name of guarantor		\	
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Principal Occupation				
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lf lender is	ATTACH ADDITIONAL CO	PIES OF THIS FORM A	S NEEDED	
	out-of-state PAC, please see instr	ruction guide for addi	tional reporting r	equirements.

Purpose of payment (See instructions regarding type of information required.)

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·· Complete if direct expenditure to benefit C/OH ·· Candidate / Officeholder name Office sought

Office held

The Instruction Guide explains how to complete this form. FILE RNAME TOTAL OF UNITEMIZED LOANS:	1-800-32
TOTAL OF UNITEMIZED LOANS: Date of loan Name of lender Name of lender TOTAL OF UNITEMIZED LOANS: S Date of loan Name of lender 10 Interest rate 11 Maturity date 13 ACCOUNT # (Eleves Commission fill S lender a financial institution? Y N 14 Name of guarante Description of Collateral nor applicable 15 Guarantor address Name of lender 18 Employer 18 Employer 19 Loan Amount Guarante Name of lender Description of Collateral Name of lender Description of Collateral Name of lender Description of Collateral Name of lender Name of lenders	
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Description of Collateral none GUARANTOR NFORMATION 15 Guarantor address. by. State. Zip Code Trincipal Occupation 18 Employer after of loan Name of lender Lender address City: State: Zip Code Interest rate Amount Guarantor of Collateral none JARANTOR Name of guarantor Name of guarantor City: State: Zip Code Amount Guarantor Guarantor address City: State: Zip Code	ite
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ate of loan Name of lender Jost of state PAC (If)# Loan Amount tender a ancial institution? Londer address City. State Londer address City. State Londer address City. State Londer address City. State Londer address Maturity date Maturity date JARANTOR FORMATION Guarantor address City. State. Zip Code	
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Guarantor address. City. State. Zip Code	
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ricipal Occupation Employer	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements	s.

· Complete if direct expenditure to benefit C/OH · Candidate / Officeholder name Office sought

Office held

LOANS		PIT 73/11 V E		463-5800 1-800-325-
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THE INSTRUCTION G	uide explains how to complete this form.	•	1 Total pages Sc	hedule E:
FILERNAME			3 ACCOUNT #	
			3 1000041 # (Ethics Commission filers)
ТОТ	AL OF UNITEMIZED LOANS:	a a a	⇒ 😜	\$
Date of loan	7 Name of lender			Ψ
	* Name disender	Out-of-state PAC (ID#.		9 Loan Amount (\$)
Is lender a	-			
Is lender a financial Institution?	8 Lender address: City: State;	Zip Code		10 Interest rate
Y N				
				11 Maturity date
2 Description of Collat	eral			
none				
3 GUARANTOR	14 Name of guarantor			
INFORMATION	14 Name of guarantor			16 Amount Guaranteed (\$)
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not applicable	15 Guarantor address, City: State,	Zip Corte		
Principal Occupation		18 Employer		
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GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
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lf lender is	out-of-state PAC, please see ins	struction guide for addition	onal reporting r	equirenents.

POLITICAL EXPENDITURES	CLA CHEDULE F
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2 FILERNAME David A Gara	3 ACCOUNT # (Ethics Commission filers)
4 Date 5 Payee name	rsquez lashble 200 w
8 Purpose of payment (See instructions regarding type of information required.) \$\(\sum_{S} \) \(\sum_{S} \)	on 9 ·· Complete if direct expenditure to benefit C/OH ·· Candidate / Officeholder name Office sought Office held
Payee name A Coly Payee address City State Zig	Amount (S) Code Amount (S)
Purpose of payment (See instructions regarding type of information required.)	on Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Date Payee name Postmaske 11/29/01 Payee address. City. State. Zip	Code Code Amount (S)
Purpose of payment (See instructions regarding type of information required.)	on Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Date Payee name aud Grand Payee address. City. State. Zip 285 Lansne, C.	Amount (S) Code 7707 Amount (S) 2,000
Purpose of payment (See instructions regarding type of informati required.)	on Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES	SCHEDULE F
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2 FILERNAME David A Gan	. 3 ACCOUNT # (Ethics Commission filers)
4 Date 5 Payee name Ruth S And 6 Payee address; City; State; Zip Code	3 7 Amount (\$) 8 300
8 Purpose of payment (See instructions regarding type of information required.) (AMACLY) TMCAM	9 ··· Complete if direct expenditure to benefit C/OH ·· Candidate / Officeholder name Office sought Office held
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Purpose of payment (See instructions regarding type of information required.) Canting Ce S	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
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Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held
Date Payee name D	Amount (\$) 268, 81
Purpose of payment (See instructions regarding type of information required.) Complete March March 15	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES (1)	SCHEDULE F
The Instruction Guide explains how to complete this form.	1 Total pages Schedule F:
2 FILERNAME David A Gara	3 ACCOUNT # (Ethics Commission filers)
4 Date 5 Payee name (A Cankra 6 Payee address; City; State; Zip Code S.A. T.Y	7 Amount (S) al
8 Purpose of payment (See instructions regarding type of information required.) SLWILES	9 Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Date Payee name AVA bba S Payee address. City. State, Zip Code	134 ac
Purpose of payment (See instructions regarding type of information required.) (AMP) Method	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Payee address. City. State. Zip Code S.A., T.Y.	Amount (S) 29.
Purpose of payment (See instructions regarding type of information required.)	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
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POLITIC	CAL EXPENDITURES	4240 - 10 11	SCHEDULE F
The Instruction	Guide explains how to complete this form.	V= Unit	1 Total pages Schedule F:
2 FILER NAME	David A Garris		3 ACCOUNT # (Ethics Commission filers)
1/29/01	5 Payee name Minuleman Pus 6 Payee address; City; State; Zip Code	,	7 Amount (\$)
required.)	nent (See instructions regarding type of information	9 ··· Complete if di Candidate / Officeholder r	rect expenditure to benefit C/OH •• name Office sought Office held
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